

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION            | INITIALS | ID NO. | DATE     |
|---------------------|----------|--------|----------|
| FEE DETERMINATION   | NW       | 76534  | 09-22-99 |
| O.I.P.E. CLASSIFIER |          | 43     | 9/21/99  |
| FORMALITY REVIEW    | DMC      | 69/109 | 9.30.99  |
|                     | "        | "      | 4-12-00  |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date              |
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| Claim          | Date              |
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| Claim          | Date |
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| Final Original |      |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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